Very

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illmine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The been changed or given up on account of the DISEASE who receive a definite salary), may be entered as statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (discase causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Mcasles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN V. S. No. 1.

	PLACE OF DEATH 3047	STATE OF MARYLAND
	Milana	CERTIFICATE OF DEATH
Cou	nty on gomery	Registration Dist. No. 210
Villa	age or City Surphonsville (No.	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
	2 FULL NAME Tred Fro	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Able Hefro (Write the word)	(Month) (Day (Year)
B DA	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased fro
	Mulmoun	1914, to Moundy, 1914
	(Month) (Day (Year)	that I last saw h paralive on La off 21, 191
7 AG	- II EEGO HAW	the date of the date stated above, at
alo	out 60 yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
800	CUPATION	
(a) 1	Trade, profession, or Tanne Work	Chronic Cophisic
(b)	General nature of industry,	
busin	ess, or establishment in h employed (or employer)	(Duration) yrs. 6 mos.
	State or country) Instruoren	Contributory acute delifation
1	10	- Defend (Duration) frs mos 2
	10 NAME OF Mulanoron	(Signed) Children M. De Villad, M.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Wilson	Mand 1, 1914 (Address) Large marille Me
PARENTS	FATHER MUTTINOSUM	Address) August Market Causing Dearth, or, in deaths from Violes Causes, state (1) Means of Injury; and (2) whether Accide Tal, Suicidal, or Homicidal.
Δ.	11 BIRTHPLACE OF FATHER (State or country) Whiteware 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	At place Address) Address) Augustum Address) Augustum Address) Address Address) Address Address) Address Address) Address Address
4 TI	11 BIRTHPLACE OF FATHER (State or country) Wisherown 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE The Cond 14 BIRTHPLACE The Cond 15 BIRTHPLACE The Cond	State the DISEASE CAUSING DEATH, or, in deaths from VIOLES. State (1) MEANS OF INJURY; and (2) Whether ACCIDE TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. where was disease contracted, if not at place of death? Former or
14 TI	11 BIRTHPLACE OF FATHER (State or country) Molecular 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place At place At place At place At place At place Where was disease contracted, If not at place of death? (Address) Address) Address) Address) Address) Address) Address) Address) At place In the At place At place In the I

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None, cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion," For Vio-



MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

	PLACE OF DEATH 5048 unty Wall advisory lage of City Wall (No	State of Maryland CERTIFICATE of DEATH Registration Dist. No. [if death occurred is a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	ATE OF BIRTH	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That attended deceased from
	(Month) (Day (Year)	that I last saw h was alive on May 2", 1914.
7 A	yrs mos ds or min.?	and that death occurred on the date stated above, at
(a) par (b)	OCCUPATION) Trade, profession, or ricular kind of work. General nature of industry, iness, or establishment in	Promating but
whi	ch amployed (or employer)	(Ouration) drs. mos. ds.
9 BI	State or country) WWW. a. M.	Secondary (Doration) X yrs X mos 34s
	10 NAME OF PATHER DAYLY Plagely.	(Signed) / YOU 3 M. D.
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
PAR	12 MAIDEN NAME NO CULS Milliams	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INATITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Would much by Mid.	At place in the of death yrs, mos ds. State yrs, mos ds

Where was disease contracted, if not at piace of death?	 State	J15,	mos.
Former or usual residence	 		
Dates of Survey			

TO WWW.	REMOVAL	TOPATE OF BURIAL
PO UNDERTAKERO		ADDRESS

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

TO THE BEST

(Address)

16 Flied. KNOWLEDGE

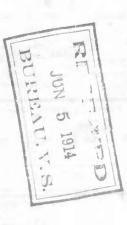
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT EXACTLY. UNFADING INK-THIS IS carefully supplied. of information should be c DEATH in plain terms, so See instructions on back of WITH WRITE PLAINLY, CAUSE OF Important. S

1 PLACE	OF DEATH	5049
Ohi	7	

County Menta unes

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/4

St.;....Ward)

[if death occurred in a hospital or institution, give its NAME instead

2 FULL NAME Amelia levopen a	Dono ho or street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Sex 4 COLOR OR RACE MARRIED, Hedown WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 3 16 ,191 4 (Month) (Day (Year)
8 DATE OF BIRTH 5 17 , 1914 (Month) (Day (Year)	that I last saw has alive on Muss 16 1914,
7 AGE 1 If LESS than 1 day,hrs. 0 R min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Acute tronelistis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) Vrs. O mos. 9 ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Secondary (Duration) yrs mos ds.
FATHER James Dunn	(Signed) , M. D.' , 191 (Address) Silven Spring
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or Recent Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted.
(Informant)	If not at place of death?————————————————————————————————————
(Address) Selver Spring	19 PLACE OF BURIAL OR REMOVAL BLEWOOD LOCA, May 18, 191.4. 20 UNDERTAKER ADDRESS
Filed May 16, 1914 M Drow	Mr. Lee Pastore Delo
more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

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thenia," "Auaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping eough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meusles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for "Exhaustiou," Never report



	PLACE OF DEATH 3030	STATE OF MARYLAND
Goun	y montgoming	CERTIFICATE OF DEATH Registered No. 22 4
Villa	ge or City Glen Echr (No.	St; Ward) [It death occurre a hospital or Institution give its NAME lost
	* FULL NAME Blackburn	Qurett Sevenes of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SMACKET, MARRIED, WOODUCO, ORD CORCEO (Wite the word)	16 DATE OF DEATH May 9/12, 191. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased fr
8 DATE	OF BIRTH April 20 (Month) (Day) (Yen	42 Capral 25, 1914, to may 7, 1914
7 AGE	7 2 yrs mos / 9 ds OR	hall and that death occurred on the date stated above, at 4.03 d. The CAUSE OF DEATH* was as follows:
(a) Trade particula (b) Gene	PATION a, protession, or or kind of work rai nature of industry,	Janus, Dinus,
which en	or establishment in nployed (or employer)	Contributory Enlarged Passtato - (Secondary)
	NAME OF P. G. Dovener,	(Signed) A Selley Grand M.
EN (8	BIRTHPLACE OF FATHER State or country) MAIDEN NAME H. D.	OUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0.	PIRTHPLACE BATTE THE BOTTON	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place
	State or country) ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. State yrs. mos. // Where was disease contracted,
Intern	mant, Windowliner -	Former or usual residence. Wheeling, West Va
15	(Address) 3 len Geno, Ma.	Orlington, Virginia May 11 , 191
filed. M	Departy RECISTRAS	Hysong & Barrette 1014 Mon (
	is more blanks are needed, address State Reg	strar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. statement. nuaterlai worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (g)

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cause of death approved by Committee on Nomencia scpsis, tctanus), may be stated under the head of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERFEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puezeeeal scptichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. etc. . The contributory nant neoplasms) : Heasles; Whooping cough : Chronio cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ture of the American Medical Association.) Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. Always qualify all diseases resulting from "Senile." (Recommendations on statement of etc.), "Dropsy," (secondary or intercurrent) (name origin; "Can "Exhaustion," Never report Examples: For vio-



RECORD

	2 FULL NAME Lanux Willard &) wall
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DI
3 SE	rale While Single, who were the word)	16 DATE OF DEATH May 2 (Month) 17 HEREBY GERTIFY, That I atte
8 D	ATE OF BIRTH (Month) (Day) (Year)	that I last saw h Am alive on Man
7 AC		and that death occurred on the date stated abo The CAUSE OF DEATH* was as follows:
9 BI	RTHPLACE tate or country) Maryland	Contributory Della Renta (Secondary) weight from (Ouration)
		1001 mm B
S	10 NAME OF FATHER Jours Durall 11 BIRTHPLACE	(Signed) Les Mayer May 25, 191 4 (Address) Damas
ARENTS	FATHER Jours Durall	*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.
REN	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 MAIDEN NAME	may 25, 191 4 (Address) Damas

5051

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

stered No. 22/

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

will
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH May 23, 1914
(Month) (Day) (Year)
May 23, 1914, to May 23, 1914,
that I last saw ham alive on Man 23, 191 4 and that death occurred on the date stated above, at 17 30 fb. m.
The CAUSE OF DEATH* was as follows: Indigestion with con-
(Ouration) yrs. mos. ds. Contributory build never gained in (Secondary) weight from (Ouration) yrs. mos. ds. (Signed) Les M. Bager, M. D.
State the DISEASE CAUSING DEATH, or, in deaths from VioLent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death? Former or usual residence.
DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL MANY 15, 1914 20 UNDERTAKER ABDRESS A. J. Carlisle Gaitherhus Mid

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first iine will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfui-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. heen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-. Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease cause of death—Name, first, the disease cause of death—Name, first, the disease cause of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mails sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29



V. S. No. 1.

SICIANS should occupation is RECORD PERMANENT UNFADING OF CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH County-Registration Dist. No. Ilf death occurred in a hospital or institution, give its NAME instead MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS 16 DATE OF DEATH 5 aINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED
(Write the word) I HEREBY CERTIFY. That I DATE OF BIRTH (Month (Day (Year) 7 AGE If LESS than and that death occurred on the date atated above 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos. __ Where was disease contracted. It not at place of death?... Former or (Informant) usual residence. Importan (Address) 15 20 UNDER REGISTRAR 🗝 11 more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. J.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile, factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE (a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons Salesman, "Foreman," The (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU.V.S.

S. No. 1.

AGE should be stated EXACTLY. PHYSICIANS should properly classified. Exact statement of OCCUPATION is RECORD A PERMANENT UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. WRITE PLAINLY, WITH N. B.-Every item of information CAUSE OF DEATH in pial Important.

PLACE OF DEATH 532	6.
county Montgomery	
Λ	and the latest desired
Village or City Procherille	(No

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME Instead ot street and nomber.]

Hill 2FULL NAME

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Jex Black Single, Married, Wilder Wilder Corp. ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED WORLD	16 DATE OF DEATH May	(Day , 191 4 (Year)
6 DATE OF BIRTH May (Month) (Day (Year)	that I last saw halive on	
POCCUPATION (a) Trade, protession, or particular kind of work.	and that death occurred on the date stat The CAUSE OF DEATH* was as follows	
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary	yrs mos ds.
10 NAME OF FATHER PROPERTY WALLS	(Signed) & chwarel Angle , 191 (Address) Por	yrs mos ds.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER DESCRIPTION 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITAL OF RECENT RESIDENTS) At place In the Of death	and (2) whether Acciden- Ls, Institutions, Transients,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence	
(Address)	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed19t	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

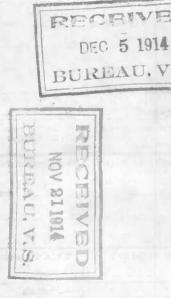


[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. cases, especially in industrial employments, it is neeeated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Honsewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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should state OCCUPATION IS may certifical back ATH in plair instructions DEATH OF Important. ш CAUSI

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No... [If death occurred in St.:---Ward) a hospital or Institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED, WIDOWED. .. (Month) ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH* was as follows: 6 OCCUPATION (a) Trade, protession, or perticular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? ... Former or usual residence. DATE OF BURLAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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PHYSICIANS should of OCCUPATION IS PERMANENT Information 2 Instr DEATH 0 9 mportant. CAUSE

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5053 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) (Month) (Day (Year) TAGE If LESS than 1 dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSBIT 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS BEST OF MY KNOWLEDGE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in -Ward) a hospital or lostitution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above,

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-

OR RECENT RESIDENTS)			LINAGELLA	13
At place of death yrs mos ds. Where was disease contracted.	In the State	yrs	mos.	ds

CATE OF BURIAL

20 UNCERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

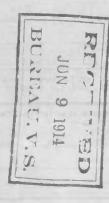
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

that it may be properly classified.

See instructions on back of certificate.

80

DEATH in plain terms.

FO Item CAUSE OF Important.

N. B.-

AGE

carefully supplied

should be

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

Ounty Moulyon ory Village or City Dick erson

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The same	1		0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 220

Ward)

[if death occurred in a hospital or institution, give its NAME instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, MARRIED, WIDOWED String by ORDIVORCES (Write the Word)	16 DATE OF DEATH May 27, 1914 (Month) (Day (Year)
TAGE TAGE TAGE TOUTHS TOUT	that I last saw h alive on
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MA	(Duration)
10 NAME OF FATHER Richard & King 11 BIRTHPLACE OF FATHER (State or eountry) W 12 MAIDEN NAME OF MOTHER PO P 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed)
of Mother Broke & Hackell 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bertha &	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Dielserson Med	No turral 1914
Filed 120 , 1914 F. M. While	20 UNDERTAKER ADDRESS

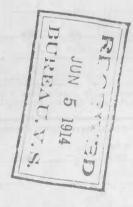
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE who receive a definite salary), may be entered as first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage as "Puerpenal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for



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RECORD

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 6 DATE OF BIRTH (Month) TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF ō 11 BIRTHPLACE on back ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER See instructions of MOTHER (State or country of Informati OF Important. (Address) 15

5 SINGLE,

WIDDWED,

ORDIVDROED (Write the word)

(Day)

MARRIED, War

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

St: .Ward)

If death occurred in a hospital or institution,

is Q	Saskin give Its HAME inster	
s	MEDICAL CERTIFICATE OF DEATH	
anied	16 DATE OF DEATH May 7, 1914 (Month) (Day) (Year)	<u></u>
	17 I HEREBY CERTIFY, That I attended deceased fro	п
., 1.8.20 (Year)	that I town saw of allow of lecently , 191	
If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at	n
	Julienlesis of lings (Duration) 2 yrs. mos. d	is.
	Contributory (O Emaskage (Secondary) 5 mms d	ls.
Kin	(Signed) Adress Daloma Parket	0.
of	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
Dun	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, d Where was disease contracted,	
Park, UD	If not at place of death?————————————————————————————————————	
	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hohrwed Corneting huy 11, 1914 20 UNDERTAKER has ADDRESS Work	
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If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative heaithfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples For persons 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify an which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Seniie," etc.), thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malifcause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

V. S. No. 1.

N. B.—Every Item o CAUSE OF I 1 PLACE OF DEATH

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County Mundgamy



STATE OF MARYLAND CERTIFICATE OF DEATH

St.;.....Ward)

Registration Dist. No. 2/1

Donn of

[If death occurred in a hospitat or institution, give its NAME instead of street and number.]

FULL NAME Lawa & Charly Plummer

FULL NAME dama & Charly	Plummy
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pende Color or RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH MO 22, 1914 (Math) (Day (Year)
More of Birth Thorp 22, 1914 (Month) (Day (Year)	17 Liereby Certify, That I attended deceased from 191, 191, 191
7 AGE O yrs mos ods or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	Purnatury Latin
(b) Generat nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mas, ds.
9 BIRTHPLACE (State or country)	Gontributory Secondary
10 NAME OF FATHER Charlie Plummy	(Signed) 6. 9. Eller, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Claudie Plummer	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Starthnoling 2nd 16 Filed May 24,1914 CB, Etchim By	Poplar Sury Mg 23, 1914 Poplar Sury Mg 23, 1914 Poplar Sury Mg 23, 1914 Poplar Sury Mg 25, 1914 Poplar Sury Mg 24 Poplar Sury Mg 25 Poplar S
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Berto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by failway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (Recommendations on statement of (secondary or intercurrent)



STATE OF MARYLAND CE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .:Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIEO. WIDDWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, Thet ! DATE OF BIRTH (Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at ... day.....hrs. The CAUSE OF DEATH* was as follows: min. ? properly BOCCUPATION (a) Trade, profession, or INK particular kind of work. (b) General nature of industry. business, or establishment in UNFADING which employed (or employer) Contributor BIRTHPLACE (State or country) 10 NAME OF FATHER 0 back PARENTS OF FATHER (State or country) te the DISEASE CAUSING DEATH, or, in deaths from VIOLENT s, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, Instructions OF MOTHER SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, ___ ds Where was disease contracted. KNOWLEDGE If not at place of death?. ā Former or (Intormant) 9 usual residence Important. Every Ite REMOVAL (Address) 15 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting No. 1.

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[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," material worked on may form part of the second the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, But in many The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menlugitis"); Diphtheria (axid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Brönehopneumonia ("Pneumonia," unqualified, is indet to Tubereuless of lungs, meminges, perilonaeth, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origiu; "Canscpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid—probably suicide. Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage as cause. etc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; "Dropsy," "Fuerperal septichae-The nature of the State cause for "Exhaustiou," Never report For vio-



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	PERSONAL	L AND STATIST	ICAL PARTICUL	LAF
3 8	female 4	White	S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the W	S
6 D	ATE OF BIRTH	May	29 (Day	*****
7 A	GE	Yrs.	mos 2 ds	
bus wh	rticular kind of work General nature of indiness, or establishme ch employed (or employed (State or country)	ustry, ent in oyar)	ma	
	(country	1/1	any can	9
	10 NAME OF FATHER	///	Shaw	9
ENTS	10 NAME OF	Harry	Show	
TS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	WE THE	Shan Navylan Vie Rich	a

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It LESS than

1 day,....hrs. OR ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 2/1

Ilt death occurred in

on name	a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH 22.	2/ 1014
(Month)	3/, 1914 (Day (Year)
17 I HEREBY CERTIFY, That	I attended deceased from
May 29, 1914, to Me	ey 30, 191 4
that I last saw h ex alive on 7	Lay 30 ,1914
and that death occurred on the date states	
The CAUSE OF DEATH* was as follows:	,
Grenalin 6	est
	######################################

(Duration)	yrsmos2_ds
Gontributory	
Secondary	
(Duration)	yrsds
(Signed)	Cun, M. D
(Signed) (Duration) (Signed) (Signed) (Quration) (Quration)	Krill, Jud
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; a TAL, SUICIDAL, Or HOMICIDAL.	r, in deaths from VIOLENT nd (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	, INSTITUTIONS, TRANSIENTS
At place In the	
of death yrs mos ds. State Where was disease contracted,	yrs ds
It not at place of death?	· · · · · · · · · · · · · · · · · · ·
usual residence	** * * * * * * * * * * * * * * * * * *
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	191
20 UNDERTAKER	ADADEGA

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU, V.S.

RECORD PERMANENT EXACTLY. D proper Ilddns UNFADING that pino termi plain 5 DEATH 0 9

state Very SICIANS should certificate. 50 back Instructions See Item mportant. ш Every m

5059PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH 223 Registration Dist. No. fif death occurred in St.: Ward) a hospital or institution, give its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 17.73 3 SEX COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIEO. WIDOWED. (Month) (Day (Year) Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Year) (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in (Duration) ... which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) State Where was disease contracted 14 THE ABOVE IS TRUE It not at place of death? usual residence DATE OF BURIAL May 15 20 UNDERTAKER Fled May ADDRESS REGISTRAR 1337 - 10 st me

If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failurc," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEEVED

MAY 6 1914

BUREAU, V.S.

1 PLACE OF DEATH 5060	STATE OF MARYLAND
County Mass Jy bracky	CERTIFICATE OF DEATH Registered No. 210
Village or City hay formille (No,	St; Ward) [It death occurred I a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WIDOWED 6 DATE OF BIRTH MALL (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decoased from May 13, 1914 that I last saw here alive on May 13, 1914
TAGE Still Buth 1 day, O hrs. BOCCUPATION THE STILL BUTH 1 D.	and that death occurred on the date stated above, at 450m The CAUSE OF BEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs. mos
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) , yrs mos ds. (Signed) (Signed) , M. D. (Signed) , 1914 (Address) Adjusted Market Mar
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Laytoneville md. 15 Filed Snay 14, 1914 V IX payson REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL The form Cureling 200 M 1814 20 UNDERTAKER Clayerille and ADDRESS Aughorise Lacybrianelle
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthfui-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably swicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purrperal septichacetc., when a definite disease can be ascertained as the nus," "Old Age," . "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis papt neoplasms) : Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... Bronchopmcumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:



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ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.... Ilt death occurred le -Ward) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, ORDIVORCEO (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at. 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ___ State _____ yrs. ____ mos. _ ds. Where was disease contracted. It not at place of death?... Former or usual residence. DATE OF BURIAL ADDRESS. If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulshould be taken to report specifically the occupations mine, ctc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write Nonc. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kiud of work and also (b) As examples: (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasics affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which-surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciture of the American Medical Association.) The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from "Seuile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



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Village or City Lathershup (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2 St.; Ward) St.; Ward) [If death occurred a hospital or institution give its HAME instead of street and numbor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH MANCA 2 1914	16 DATE OF DEATH Month) (Year 17 I HEREBY CERTIFY, That I attended deceased fr May 101 1914, to may 2 1914
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 10 p
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or country) **The country of the country of	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place in the of death
(Address) Sauthwolung 15 Filed Day 4, 1974 C.D. Eletury B. N. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore au essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. of persons engaged in domestic service for wages, as it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of Never report



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WRITE PLAINLY, WITH of information should DEATH in plain terms,

No.

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N. B.—Every item CAUSE OF Important.

certificate. See instructions on back of

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

RECORD

PERMANENT

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.2
Village or City Browningsvill (No. 2FULL NAME Infant	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 Male Color of RACE Single, MARRIED, WIDOWEO, ORDIVERCED (Write the word)	16 DATE OF DEATH 2009, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH May (Month) (Day)	, 191, to
Still-birth 1	and that death occurred on the date stated above, atm, the CAUSE OF DEATH * was as follows: Still firsth Cause
(a) Trade, profession, or particular kind of work	Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER Carries Theleles 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 Maiden NAME OF Bride	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Drowningswille M	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 MARY Hill Centulary May 19, 1914
ett. d. 404	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal schtichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Fight fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never reporaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," __ (name origin; "Can-State cause for Examples:



PHYSICIANS should state of OCCUPATION is very

PHYSICIANS

EXACTLY.

RECORD

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

..Ward)

Registration Dist. No. 21/

uu	(No	493490000000000000000000000000000000000	St.;
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020	11/11/11	2 /4 1 a.d)	

[If death occurred in a hospital or institution, give its NAME instead

FULL NAME Mary Phutchead of street and number.]				
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
3 51	Tomale Hule (Write the word)	16 DATE OF DEATH (Month) (I)ny (Year)		
8 D/	9 1 1860			
7 A C	(Youth) (Day (Year)	that I last saw harmalive on 1997 191		
		and that death occurred on the date stated above, at		
(a)	Trade, profession, or A Couseurs &	The and in a fun		
(b) General nature of Industry, business, or establishment in which employed (or employer)		taber (Duration) O yrs. a mos. o ds.		
9 81	RTHPLACE (State or country) M. d.	Contributory		
Ŋ	10 NAME OF John Grenes 11 BIRTHPLACE	(Signed) J. Brown, M. D.		
ARENTS	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.		
PA	OF MOTHER Matilda Tray 13 BIRTHPLACE OF MOTHER (State or country) M. A.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the control of death		
(Address). Silver Spring.		of death yrs mos ds. State yrs, mos ds Where was disease contracted, if not at place of death? Former or		
		USUAl residence		
16 Fil	ed May 8, 191 dx Dd J. Bondon	20 UNDERTAKER ADDRESS		
	REGISTRAR	Jev. Flench, James me		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

S. No. 1.

-Every Item CAUSE OF Important.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician. Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origiu; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcuital," "Senile," etc.), "Dropsy." "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopnoumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State eause for "Exhaustion," Never report

